them in the future. The needs of those cases that do arise will best be met by more intensive psychiatric, vocational, educational and social work services than are now available.

Conclusion

In the Wessex Region a rural and an urban area each of total population 100,000 could meet the current residential needs of all their own severely subnormal people at present in institutions for the subnormal and for those on the current waiting list if they were to make available 23 places for children and 77 for adults. The nature of the management problems of the children and the extent to which the existing LHA training provisions will have to be expanded in the experimental areas have been described. A method for evaluating these services has also been outlined.

No definite plan has been put forward for the delegation of administrative responsibilities in the experimental areas. It is clear that any such plan will be complex. It is most important to establish first the strength of the case for the experimental service and the validity of the prevalence data for planning. Once this is generally agreed to by the administrative bodies, discussions can proceed on these crucial details. I believe that the administrative responsibility for the experimental units could, in Wessex, fall on the Regional Hospital Board. This suggestion is being favourably considered.

It is anticipated that children who during crises cannot be managed in the experimental units might require temporary admission to the existing hospitals for the subnormal. We are very conscious that these units are to be experimental and we readily acknowledge that we shall need to depend on the services and experience of the hospitals. We shall certainly need their goodwill if the experiment is to be fruitful.

Finally, it cannot be too strongly emphasized that any attempt to provide local facilities for residential care must be backed by supplementing the services to the families with subnormal people living at home. Many of their problems are yet to be met. If they are not, the provision of local residential facilities might lead to a substantial increase in the demand for residential care. While there is every likelihood that many such demands may be justified, we must see that no efforts are spared to help families manage their problems in the home. The extent of their problems, like the true prevalence of severe subnormality in the community, can only be verified by the provision of a good experimental service and by its evaluation.

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Dr Kushlick's Wessex survey is welcome because it should provide us with facts on which to base plans for a better service for the mentally retarded. No adequate survey of the general population has been undertaken since the Wood report[1] which was carried out at a time when the official policy was segregation of the mentally handicapped rather than integration as at present. Although studies such as the Colchester survey of hospital populations are of extreme value they cannot fully demonstrate the epidemiology and size of the social problem.

Professor Tizard states that a considerable expansion of the service is taking place. This does not apply, however, to in-patient accommodation for the mentally subnormal for whom no increase in number of beds is planned in some regions, according to the approved Hospital Ten Year Plan: nor is there any indication in the Local Authority Ten Year Plan that a consider-

[1]Board of Education and Board of Control (1929) Report of the Mental Deficiency Committee. London

able provision of residential accommodation will be made under this head. The position is worse than the Hospital Ten Year Plan indicates since the plan for the early part of the ten years has not been fully implemented.

There are many factors determining the need for residential accommodation, as Professor Tizard and Dr Kushlick have indicated. Some of these are contradictory. The demand will be lessened by better day provision, i.e. of training centres, special care units or use of day nurseries. It will also be reduced by improvements in maternal health and medical care decreasing the incidence of mental defect. Demand will be increased by greater longevity of certain groups, e.g. those with Down's syndrome. An even more important consideration is the effect of what may be termed 'sophistication'. Many working class mothers, previously bound by moral and religious convention meekly to carry the additional burden imposed by a severely handicapped child, may in the future not do so unless the community can provide them with effective material help and moral support. The Wessex project may give us some indication how this can best be afforded.

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Community and hospital care are not mutually exclusive. The two are complementary. On the evidence of the Brooklands Experiment, Professor Tizard has propagated the view that the welfare of the mentally handicapped and their families would be best served by replacing mental deficiency hospitals by small units scattered in towns. The Brooklands Experiment provided no such evidence. It demonstrated that the emotional adjustment of patients was better when they were part of a small family group rather than a large unorganized mass. It also showed that retarded children learn to speak when they hear speech and do not when they don't. The application of these results to hospitals for patients unable to live at home, requires only the finance and staff which have long been demanded. Small family units could just as easily be provided in modern hospitals as the vast wards which at present remain as a monument to the obsolete concepts of a past era. The additional advantage of the village-like hospital is that it constitutes a large tolerant community which gives full scope for the extra-family social bonds and group activities which are just as necessary for the complete development of the personality as intimate intra-family relationships.

For most of the mentally handicapped, however, the greatest need is for the maximum amount of support and guidance for their families in the task of maintaining the patient at home. The hospital should play an important part in this service, providing multi-disciplinary facilities for diagnosis, assessment, treatment, and short-term care. The specialist hospital and its full-time professional staff should be the base from which community services are organized. Most patients need its services at least once, and more often several times, during their life. The hospital is part of the community, and no obstacles should be allowed to prevent free access to both parts of the service.

Much attention is being paid at last to the many needs of the mentally handicapped. It would be disastrous at this point to destroy the firm foundations which have already been laid, and rebuild a service on untried principles based on the reiteration of unwarrantable conclusions drawn from a single experiment.

Dr A Kushlick *(replying also for Professor Tizard)* said that Dr Kirman had raised the point that factors influencing demand for residential care changed constantly. The difficulty in forecasting needs emphasized the necessity to provide facilities which both met the patients' needs and were sufficiently flexible to be converted to other uses should the demand fall. Small residential units in ordinary houses, as described, might therefore be particularly suitable for the purpose.

Dr Bavin's warnings of disaster and destruction implied some misunderstanding of both papers. They had not suggested that small residential units near the patients' homes and medical centres should replace existing large isolated units. One paper (A K's) described the extent of additional accommodation now needed in Wessex for unmet demands on the service. This demand could be partially met if some easily accessible experimental units were provided, running alongside the traditional services against which they would be evaluated. Dr Bavin's assertions on how services for the subnormal should be administered were clinical impressions, and as such needed experimental evaluation.

Both speakers agreed with Dr Bavin that large hospitals for the subnormal would do well to implement the findings of the Brooklands experiment, but his assertion that only lack of finance and staff had prevented this was an over-simplification. The types of resistance with which organizations in general, and psychiatric institutions in particular, met the introduction of any new principles, had been extensively documented. The principles of normal child care employed in the Brooklands experiment were still new to hospitals for the subnormal. Attempts were now being made by Professor Tizard to set up a Brooklands-type organization within a hospital for the subnormal.

The suggestion that the need for the experimental type of service arose only from the results of the Brooklands experiment did not follow from the papers here presented.